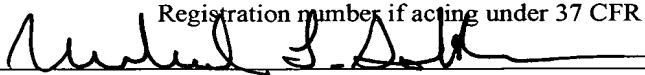




PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number 34116/1051
<div style="display: flex; justify-content: space-between;"><div style="width: 35%;"><p><b>CERTIFICATE OF MAILING</b> I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on <u>September 21, 2006</u>.</p><p>Signature: <u>Ruth R. Smith</u></p><p>Name: <u>Ruth R. Smith</u></p></div><div style="width: 65%; border: 1px solid black; padding: 5px;"><p>In re Application of Margolskee et al.</p><hr/><div style="display: flex; justify-content: space-between;"><span>Application Number 09/834,792</span><span>Filed April 13, 2001</span></div><p>For TRP8, A TRANSIENT RECEPTOR POTENTIAL CHANNEL EXPRESSED IN TASTE RECEPTOR CELLS</p><hr/><div style="display: flex; justify-content: space-between;"><span>Group Art Unit 1649</span><span>Examiner Sharon L. Turner</span></div></div></div>		
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate entity fee are as follows (check time period desired):</p> <div style="margin-top: 10px;"><div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120)</div><div>\$ _____</div></div><div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$225/\$450)</div><div>\$ _____</div></div><div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$510/\$1020)</div><div>\$ <u>510</u></div></div><div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$795/\$1590)</div><div>\$ _____</div></div><div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1080/\$2160)</div><div>\$ _____</div></div></div> <div style="margin-top: 10px;"><input checked="" type="checkbox"/> Applicant claims small entity status. <input checked="" type="checkbox"/> A check to cover the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Deposit Account Number <u>14-1138</u>. I have enclosed a duplicate copy of this sheet.</div> <div style="margin-top: 10px;"><p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p></div> <div style="margin-top: 10px;"><p>I am the <input type="checkbox"/> applicant/inventor</p><div style="margin-left: 40px;"><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</div><div style="margin-left: 40px;"><input checked="" type="checkbox"/> attorney or agent of record. <input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____</div></div> <div style="margin-top: 10px;"><div style="display: flex; justify-content: space-between;"><div style="width: 60%; text-align: center;"><u></u> Signature  <u>Michael L. Goldman</u> Typed or printed name</div><div style="width: 35%; text-align: center;"><u>September 21, 2006</u> Date  <u>(585) 263-1304</u> Telephone Number</div></div></div> <div style="margin-top: 10px; font-size: small;"><p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p></div>		
<div style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> Total of _____ forms are submitted.</div>		

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Alexandria, VA 22313-1450

Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL FOR FY 2005**

SEP 25 2006

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT		(\$510)	
Application Number		09/834,792	
Filing Date		April 13, 2001	
First Named Inventor		Margolskee	
Examiner Name		Sharon L. Turner	
Art Unit		1649	
Attorney Docket No.		34116/1051	

### METHOD OF PAYMENT (check all that apply)

- ☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_
- ☐ Deposit Account Deposit Account Number: 14-1138 Deposit Account Name: Nixon Peabody LLP
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
- ☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-20238.

### FEE CALCULATION

#### 1. BASIC FILING, SEARCH AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

#### 2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

**Total Claims**      **Extra Claims**      **Fee (\$)**      **Fee Paid (\$)**      **Multiple Dependent Claims**

5      - 27 or HP = 0      x      25      =      0      **Fee (\$)**      **Fee Paid (\$)**

HP = - highest number of total claims paid for, if greater than 20

**Indep. Claims**      **Extra Claims**      **Fee (\$)**      **Fee Paid (\$)**

1      - 15 or HP = 0      x      100      =      0

HP = - highest number of independent claims paid for, if greater than 3

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

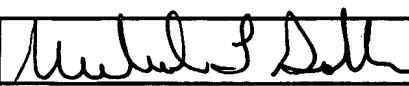
**Total Sheets**      **Extra Sheets**      **Number of each additional 50 or fraction thereof**      **Fee (\$)**      **Fee Paid (\$)**

\_\_\_\_\_ - 100 = \_\_\_\_\_ / 50 = \_\_\_\_\_ (round up to a whole number)      x      \_\_\_\_\_ = \_\_\_\_\_

#### 4. OTHER FEE(S)

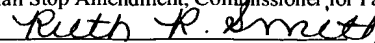
Non-English Specification,      \$130 fee (no small entity discount)      \_\_\_\_\_

Other: Fee for Three-Month Extension of Time      \_\_\_\_\_      510

<b>SUBMITTED BY</b>			
Signature		Registration No. 30,727 (Attorney/Agent)	Telephone (585) 263-1304
Name (Print/Type)	Michael L. Goldman		Date September 21, 2006

#### CERTIFICATE OF MAILING OR TRANSMISSION [35 CFR 1.8(a)]

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on September 21, 2006.

Signature: 

Name: Ruth R. Smith

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